

Submission Id: 3508

Title

Gaps and Recommendations for Canadian Continuing Professional Development Pain Management and Substance Use Disorder Programs

Priority 1 (Research Category)

Education and training

Presenters

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Abstract

Context: Opioid overdoses and surging death rates are a national public health crisis for Canada. All physicians have a key role to play in curbing the opioid epidemic and this begins with education. Formal medical education for pain management and substance use disorder is not often taught as its own unit, rather it is integrated in fragments across multiple medical courses and clinical rotations. For Canadian physicians, there can be considerable variance in the topics and number of hours of training received in these areas. These variances in education, and the ongoing opioid crisis, make continuing professional development (CPD) opportunities important.

Objective: To identify pain management and substance use disorder training needs for Canadian physicians.

Study Design and Analysis: This qualitative study, using open-ended survey questions and interviews, identified CPD pain management and substance use disorder programs currently available, the key competencies physicians need in these topic areas, and gaps in existing educational offerings. Surveys were conducted online and by telephone. Interviews were conducted virtually and transcribed verbatim. All qualitative data was thematically analyzed using open coding.

Setting and Population Studied: Representatives from 11 CPD offices at Canadian medical schools participated in the survey. Interviews were conducted with 14 Canadian pain management and substance use experts, and with representatives from national medical associations.

Outcome Measures/Results: Key strengths of existing CPD pain programs included interactions with other learners, the inclusion of up-to-date, evidence-informed content, and adaptation to learner needs. Gaps of current programs included a lack of patient experiences, interactivity, knowledge application, and interdisciplinary offerings. Recommendations for future CPD programming include collaborative, interprofessional engagement, context-specific scenarios/case studies for training purposes, interactive engagement of learners, application of knowledge to clinical practice, pre- and post- program resources, and program evaluation.

Conclusions: It is evident from this study that there is a need for pain management and substance use disorder CPD courses that compliment and build on existing programs. The AFMC's bilingual CPD Pain Management and Substance Use Disorder Curriculum is currently being piloted with physicians across Canada's 17 medical schools.